

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WJ</i>		10/23/01
O.I.P.E. CLASSIFIER	<i>Dr</i>		11/5
FORMALITY REVIEW	<i>MH</i>	920	11-16-01
RESPONSE FORMALITY REVIEW	<i>CC</i>	1114	03-13-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
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If more than 150 claims or 10 actions  
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